



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany, IN

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Jennifer Dennis

Email Address: jhall@pmcindiana.com

Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|------------|
| Inpatient Patient Service Revenue | \$5269400 |
| Outpatient Patient Service Revenue | \$82214156 |
| Total Gross Patient Service Revenue | \$87483556 |

2. Deductions From Revenue

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|-----------------------|------------|
| Contractual Allowance | \$62815286 |
| Other Deductions | \$0 |
| Total Deductions | \$62815286 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$24668270 |
| Other Operating Revenue | \$94815 |
| Total Operating Revenue | \$24763085 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages | \$5284550 | Employee Benefits | \$981477 |
| Depreciation and Amortization | \$627268 | Interest Expense | \$37592 |
| Bad Debt | \$1285527 | Other Expenses | \$9341063 |
| Total Operating Expenses | \$17557477 | | |

5. Net Revenue and Expenses

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|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$7205608 | Total Assets | \$13993665 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$2073108 |

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| Total Net Gains | \$7205608 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$34241136 | \$24218819 | \$10022317 |
| Medicaid | \$6309215 | \$4837388 | \$1471827 |
| Other Government | \$1386955 | \$1010792 | \$376163 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$45546252 | \$32748289 | \$12797963 |
| Total | \$87483558 | \$62815288 | \$24668270 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$0 | \$0 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

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| Statement Six: Charity Statement |
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|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$0 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicaid Shortfalls | \$0 | \$0 | |
| Subtotal | \$0 | \$0 | \$0 |
| DSH Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicare Shortfalls | \$0 | \$0 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$0 | \$0 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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